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## TRANSMITTAL FORM

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|--|----|------------------------|--------------------|
|  |    | Application Number     | 10/607,433         |
|  |    | Filing Date            | 06/26/2003         |
|  |    | First Named Inventor   | John C. Falligant  |
|  |    | Art Unit               | 3751               |
|  |    | Examiner Name          | Jacyna, J. Casimer |
| Total Number of Pages in This Submission | 5+ | Attorney Docket Number | 3848-00771         |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               | <b>Return receipt postcard</b>  |
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| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| <b>Remarks</b>   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Joseph D. Kuborn (Reg. No. 40,689)<br>Andrus, Sceales, Starke & Sawall, LLP |
| Signature               |   |
| Date                    | 4/29/04   |

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| Typed or printed name | Veronica K. Haupt |
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|                       | Date 4-29-04      |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/607,433  
Applicant : John C. Falligant et al.  
Filed : 06/26/2003  
Title : Keyed Anesthetic  
Vaporizer Filling  
System  
TC/A.U. : 3751  
Examiner : Jacyna, J. Casimer  
Docket No. : 3848-00771

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) Veronica K. Haupt 4-29-04  
Veronica K. Haupt Date

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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Sir:

The following references were cited in a Search Report issued in the corresponding European application:

5,293,913  
5,505,236  
5,617,906  
WO 96/0631  
EP 0 781 570

This Information Disclosure Statement is accompanied by a PTO Form 1449, in duplicate. Copies of the foreign references are enclosed.

CERTIFICATION OF INFORMATION DISCLOSURE STATEMENT

This certification is being made for the Information Disclosure Statement noted above. The undersigned attorney certifies that each item of information contained in the above information disclosure statement was cited in a communication from a foreign patent

Application No. 10/607,433

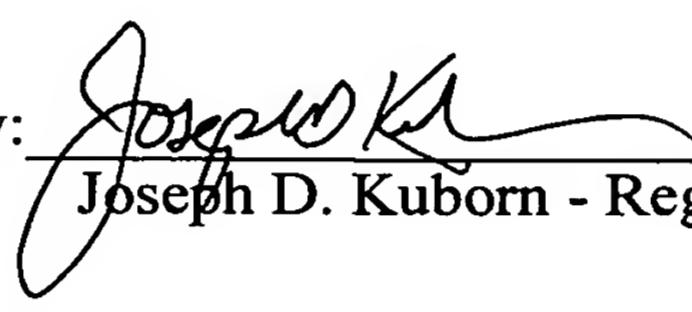
office in a counterpart foreign application not more than three months prior to the filing of the statement under 37 C.F.R. 1.97(e)(1).

It is requested that these references be considered and be made of record in this application.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By:

  
Joseph D. Kuborn - Reg. No. 40,689

Andrus, Sceales, Starke & Sawall, LLP  
100 East Wisconsin Avenue, St. 1100  
Milwaukee, WI 53202  
(414) 271-7590  
Attorney Docket No. 3848-00771

Form PTO-1449

U.S. Department of Commerce  
Patent and Trademark OfficeAtty. Docket No.  
**3848-00771**Appln. No.:  
**10/607,433****INFORMATION DISCLOSURE STATEMENT BY APPLICANT**  
(Use several sheets if necessary)Applicant  
**John C. Falligant et al.**Filing Date  
**06/26/2003**Group Art Unit  
**3751****U.S. PATENT DOCUMENTS**

| *EXAMINER INITIAL |  | DOCUMENT NUMBER | DATE       | NAME              | CLASS | SUBCLASS | FILING DATE IF APPROPRIATE |
|-------------------|--|-----------------|------------|-------------------|-------|----------|----------------------------|
|                   |  | 5,293,913       | 03/15/1994 | Preszler          | 141   | 367      |                            |
|                   |  | 5,505,236       | 04/09/1996 | Grabenkort et al. | 141   | 329      |                            |
|                   |  | 5,617,906       | 04/08/1997 | Braatz et al.     | 141   | 21       |                            |

**FOREIGN PATENT DOCUMENTS**

|  |  | DOCUMENT NUMBER | DATE    | COUNTRY | CLASS | SUBCLASS | TRANSLATION<br>Yes      No |
|--|--|-----------------|---------|---------|-------|----------|----------------------------|
|  |  | WO 96/0631      | 02/1996 | World   |       |          |                            |
|  |  | EP 0 781 570    | 02/1997 | Europe  |       |          |                            |
|  |  |                 |         |         |       |          |                            |
|  |  |                 |         |         |       |          |                            |

**OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)**

| EXAMINER | DATE CONSIDERED |
|----------|-----------------|
|          |                 |

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to client.